



# RegTraC Recertification Application

Please provide your credit union ID number. \_\_\_\_\_

Name \_\_\_\_\_

Ship to: \_\_\_\_\_

Bill to:  Check box if same as "Ship to" information.

Credit Union \_\_\_\_\_

Credit Union \_\_\_\_\_

Attention \_\_\_\_\_

Attention \_\_\_\_\_

Street Address \_\_\_\_\_

Street address for billing \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

I plan to recertify - \_\_\_\_\_ at the Spring Regulatory Compliance School \_\_\_\_\_ at the Summer Regulatory Compliance School  
 \_\_\_\_\_ at the Fall Regulatory Compliance School \_\_\_\_\_ on my own

## Completed Continuing Education

Date Credited (M/D/Y)	Program Title (Full Name of Program)	Program Sponsor (Company or Organization)	Units Requested	Units Awarded
<b>Total Units:</b>				

*The Recertification fee is \$115 only if you recertify on your own.  
 There's no need to prepay; we'll bill you for the total amount of your order plus shipping, handling, and sales tax, if applicable.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL this to: Laura Varela, CUNA, 5710 Mineral Point Road, Madison, WI 53705-4454  
 FAX it to: Laura Varela, 608.231.4253

Questions? Contact Laura at 800.356.9655, ext. 4120, or by e-mail at [lvarela@cuna.coop](mailto:lvarela@cuna.coop)